

FIGURE 1

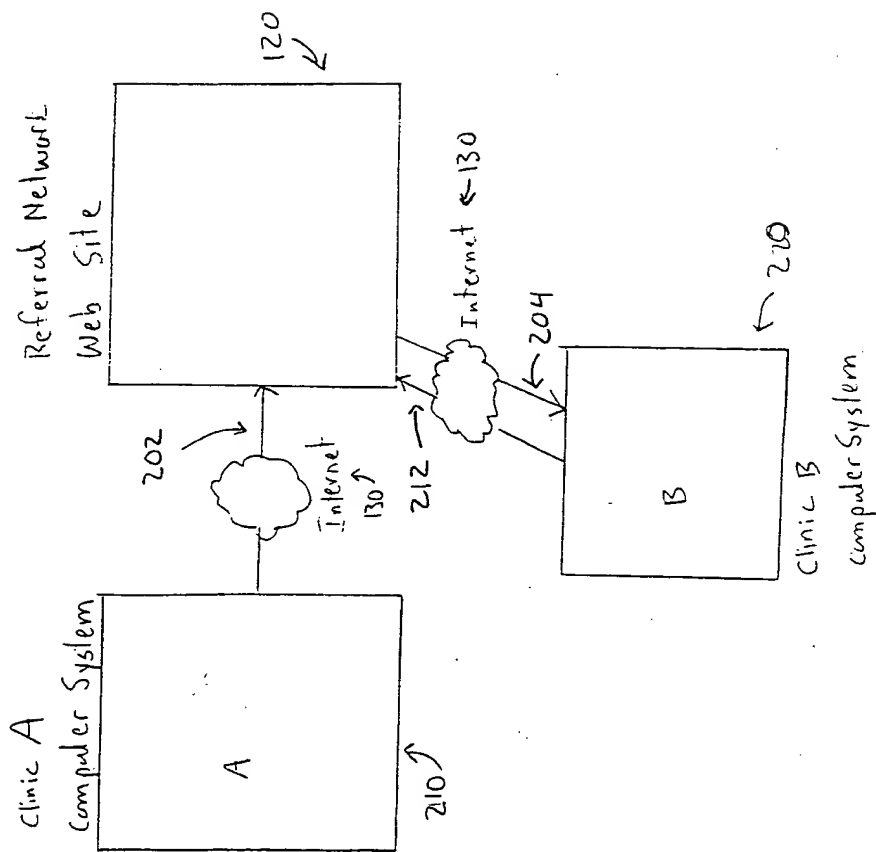


FIGURE 2

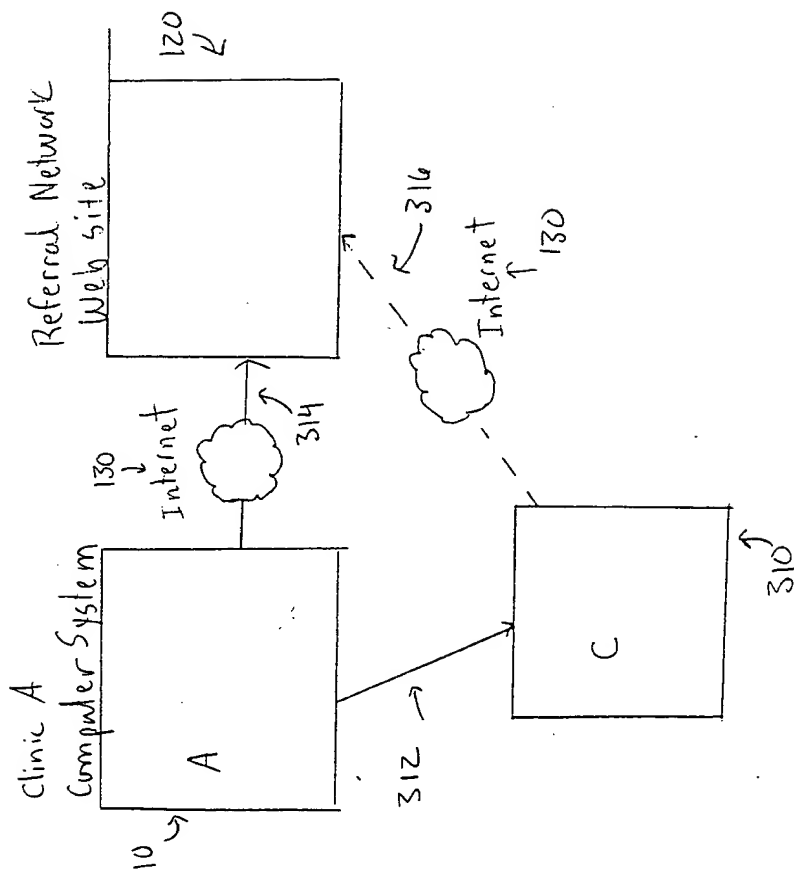


FIGURE 3

FALSIMILE COVER SHEET

<p>TO: DR. M. CHIEN</p>	<p>FAX: 555-1212 Tel: 555-2121</p>
<p>FROM: DR. LAM HEALTH CLINIC SAN JOSE, CA</p>	<p>DATE: 4/28/2000</p>

THE FOLLOWING REFFERAL LETTER WAS
GENERATED AUTOMATICALLY USING THE
iMEDICA.COM REFERRAL NETWORK SOFTWARE

- SAVE TIME
- SAVE MONEY
- STAY ORGANIZED

TO LEARN MORE ABOUT THE REFERRAL
NETWORK SYSTEM AND SOFTWARE GO
ONLINE TO

iMEDICA.COM

FIGURE 4



- Home ~ 570
- Patient Info ~ 566
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- 573 ~ Log Off

Dr. Shettigar
Primary
Account
Vineetha
Clinic

iMedica Physician Network

Inbox ~ 542 New Letter ~ 550 Draft Letters ~ 546 Sent Items ~ 544 Deleted Items ~ 548

Welcome to the iMedica Referral Network

Dr. Shettigar,

- You have 0 New Referral Letters from other physicians. ~ 512
- You have 2 Incomplete Referral Letters from previous sessions. ~ 514

If you are an iMedica PhysicianSuite user, you need to click here to set up the clinic information to access the PSManger database. ~ 510

You are working from Vineetha Clinic clinic for this Session. If this is not correct, then please click the button below:

Setup Clinic ~ 521

How to Use this site:

Use the left and top panels to navigate throughout this site. The selected item will displayed on the right pane, or a pop-up window, if appropriate.

As a sender, you can:

- Create a new referral letter. ~ 580
 - Save an unfinished referral letter.
 - Save and send a completed referral letter.
- Edit an unfinished referral letter. ~ 586
- View the referral letters previously completed by you. ~ 584
- Delete letters you have sent.
- Recover letters you have deleted. ~ 588
- Get Referral Authorization Number from the Payor.
- Have iMedica send your referral authorization request to the Payor.

As a recipient, you can:

- View the referral letters sent to you by other physicians. ~ 592
 - Reply with a short acknowledgement to the originating physician.
 - Reply to the originating physician with a full report.
 - Forward the referral to a third physician.
- Delete letters you have viewed.
- Recover letters you have deleted. ~ 598

Figure 5



Home
 Patient Info
 Physician Info
 Change Profile
 Clinic Info
 Edit Template List
 Submit Template
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[Inbox](#) [New Letter](#) [Draft Letters](#) [Sent Items](#) [Deleted Items](#)

Composing a New Referral Letter

1. Patient Information: ~ 610

Look Up from PS Manager Database

From Vineetha Clinic clinic. Click [Here](#) to Change.

..... Select a Patient ☐

or

[Look Up or Add Patient Information](#)

2. Referring to Physician: ~ 620 ~ 622

..... Select a Physician ☐

or

[Look Up or Add Physician Information](#)

Next Reset

630 640

Figure 6

FOUOESD" M2ET.2860



iMedica™

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Lookup or Add a Patient

[View Patient List from every Clinic](#)

Look Up a Patient: ☐ New FemalePatient ☒ (This clinic only)

Patient #:20000724114946 Clinic:Vineetha Clinic

*First Name: New

*Last Name: FemalePatient

*DOB (mm/dd/yyyy): 12/12/86

*Sex: ☒ Female

*Address1:

Address2:

*City:

*State: California ☒

*Zip: 54356-3563

*Phone: --

Fax:

Email:

Patient From PSManager Are Not Updatable

[Delete This Record from iMedica](#)

[Write new referral letter](#)

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Figure 7



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Composing a New Referral Letter

You are referring:
Ms. New FemalePatient
CA 54356-3563

To:
DO New Physician D.O.
954 San Rafael Ave.,
Mountain View, CA 94043

Back to Re-Select Physician or Patient

Found a draft letter. Work on it.

If you choose the options below, it will overwrite the draft letter.

Select a chart note from database (next page)

Start New Letter (don't pull data from database)

Figure 8A



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Select a chart note for composing the referral letter

Past Office Visits			
Select	Visit Date	Status	Assessment
	View ⁸⁴³ <u>11/29/00</u> Chart	Complete	250.03 C DIABETES MELLITUS WO COMPLICAT- TYPE I-UNCONTROL 250.72 C DIABETES W PERIPH CIRCULAT DIS- TYPE II-UNCONTROL

Select Chart Note

Cancel

847

Figure 8B

Chart for VERONICA on 11/29/00

CC

alopecia

HPI

alopecia

- *Location
diffusely on the left
- *Quality
hypopigmented hair
- *Onset and Resolution
ongoing
- *Onset of Symptom
months ago
- *Limitation on Activities
is incapacitating
- *Norwood Type
VI (moderate frontal and vertex)
- *Severity
mild
severe
- *Frequency of episodes
increasing
- *Environmental Factors
no known associated factors
- *Significant Medical Conditions
radiation therapy
- *Significant Medications
illegal drug ()
- *Triggers
cold
- *Alleviating Factors
activity
- *Exacerbating Factors
activity
- *Pertinent Negatives
itching
- *Pertinent Positives
mastoid erythema

ROS

Allergy/Immunology Normal (denies food allergies)
Cardiovascular Normal (denies arrhythmia, chest pain/presure, edema, exercise intolerance)
Constitutional Normal (denies fatigue, fever, insomnia, weight gain, weight loss)
Dermatologic
No alopecia
Ears/Nose/Throat/Neck Normal (denies hearing loss, nasal discharge, sinus congestion)
Endocrine Normal (denies goiter, hyperglycemia, hypoglycemia)
Eyes Normal (denies eye pain, photophobia, vision change)

Figure 8C.

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10050-521-280

Gastrointestinal Normal (denies abdominal pain, constipation, diarrhea, gastroesophageal reflux)
 Genitourinary/Nephrology Normal (denies dysuria, nocturia, urinary incontinence)
 Hematologic/Lymphatic Normal (denies abnormal bleeding and bruising, anemia, lymphadenopathy)
 Musculoskeletal Normal (denies arthralgias, muscle weakness, myalgias)
 Neurologic Normal (denies dizziness, headache, syncope)
 Psychiatric Normal (denies anxiety, depression)
 Respiratory Normal (denies cough, dyspnea, wheezing)

PE

Neck

inspection of neck

***Normal:**

normal size
 normal appearance
 no masses or lesions
 absence of swelling
 normal major salivary glands
 normal jugular venous pressure
 no carotid bruits

***Masses:**

right
 firm

***Major salivary glands:**

parotid gland
 nontender
 fluctuant

Assessment

250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL
 250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL

Prescription

ACTAGEN TABLET [Sig:1 tablet; Qty:1; Ref:0; 11/29/2000- 12/02/2000]

Lab/Proc To Be Ordered

30300 - Removal foreign body, intranasal; office type procedure

Plan

Return After Return After 1 Weeks.

Diet Regular

Return to Previous Page

Figure 8D

09874325 053001



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Referral Letter Composer

Patient: VERONICA AVILA, (DOB:3/25/63),
 patient#=2000112112474799

* indicates fields that could come from PSManager (Not Updatable*)

Enter referral letter content below.

	Referral Authorization #:	<input type="text" value="902"/>	Select
901	**Chief Complaint:	alopecia	920
	Primary Diagnosis:	<input type="text" value=""/> (ICD9 Code)	
	**Last Visit Date:	11/29/00	
	Current Problem	<input type="text" value=""/>	
	Duration:	<input type="text" value=""/> Select	
	choose an opening remark	<input checked="" type="radio"/> Referral <input type="radio"/> Consult	
	Opening Remarks:	Please accept the referral of 38-year-old female VERONICA AVILA.	
	**History of Present Illness:	alopecia *Location	
	**Past Medical History:	: Anemia 11/29/00: 250.72 C DIABETES W	
	*Allergy History:	<input type="text" value=""/>	
	*Family History:	<input type="text" value=""/>	915
	**Social History:	12/1/00: MARITAL STATUS:	
	Travel History:	<input type="text" value=""/>	
	**Vital Signs:	Weight: 150 LBs Height: 5 ft 6 in	
	**Physical Exams:	Neck inspection of neck	
	Diagnosis:	250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL	

Figure 9A

100250 52212860

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Treatment Plan:	30300 - Removal foreign body, intranasal; office type procedure	
Lab Results:		
Radiographic Results:		
Medical Procedure:		
Procedure Complication:		
Procedure Site:		
Procedure Result:		
Biopsy Result:		
Differential Diagnosis:		
Additional Tests:		
Test Results:		
Treatment:		
Follow Up:		
Additional Information:		
Closing Remarks:	Please assist me in the evaluation of VERONICA. I look forward to your	

Preview with Template1 910
912 Template2

Figure 9B

IMedica Referral Network

Originating MD Address

Date

Recipient MD Address

Dear Doctor X:

Thank you for your kind referral of (patient's name, date of birth, medical record number). As you may well know, Mr./Ms. (patient's last name) was referred to me for the question of (chief complaint, referral question, or rule out diagnosis), (ICD9 code).

I saw Mr./Ms. (patient's last name) on (date of last visit). He/she continued with (chief complaint) for the past (# of) days/months. On further discussion of his/her history of present illness, he/she continued with (history of present illness). He/she had a past medical history of (past medical history), a (drug allergies) drug allergy/ies with (drug allergies symptoms), a family history of (family history), a social history of (social history, to include cigarettes alcohol drugs), and a travel history of (travel history).

On physical examination, he/she had (vitals) and (physical exam). Laboratory evaluation to date revealed (lab results), with the following radiographic results (radiographic result).

At present, it is apparent that Mr./Ms. (patient's last name) has the following differential diagnosis (differential diagnosis, as generated by the specialist). He/she was advised as to our opinion and the following additional (lab/radiograph/procedure) were performed, with the following results (results or pending). The following treatment was rendered (treatment, as generated by the specialist). Mr./Ms. (patient's last name) was scheduled a follow up appointment (date of next appointment) with me (or, advised to follow-up with you).

Again, thank you very much for the opportunity to participate in the care of this very interesting patient.

Sincerely,

Originating MD

Figure 10

10050" 522T 2860

FROM:

Dr. Albert Shen
1206 N. Capitol Ave.
San Jose, CA 95132
555-555-3237

TO:

January 5, 2001

Please accept the referral of 38-year-old female VERONICA AVILA.

VERONICA continued with the following complaint: alopecia.

alopecia:

VERONICA's past medical history is as follows:

11/29/00: 250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL ,
11/29/00: 250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL

12/1/00:

Not Specified, 0 children

Not Specified.

Drug History:

Tobacco: Current 1 Years

Alcohol: In Past 2 Years

Drugs: Not Specified.

VERONICA's last vital sign is as follows:

Weight: 150 LBs
Height: 5 ft 6 in
BMI : 24
TEMP: 98.6
BP1: 140/ 80

VERONICA's last physical exam is as follows:

1) Neck : inspection of neck - *Normal: normal size, normal appearance, no masses or lesions, absence of swelling, normal major salivary glands, normal jugular venous pressure, no carotid bruits, *Masses: right, firm, *Major salivary glands: parotid gland, nontender, fluctuant.

The diagnosis is as follows:

250.03 C DIABETES MELLITUS WO COMPLICAT-TYPE I-UNCONTROL
250.72 C DIABETES W PERIPH CIRCULAT DIS-TYPE II-UNCONTROL

The treatment plan is as follows:

30300 - Removal foreign body, intranasal; office type procedure

Please assist me in the evaluation of VERONICA. I look forward to your feedback.

Sincerely,

Albert Shen, MD

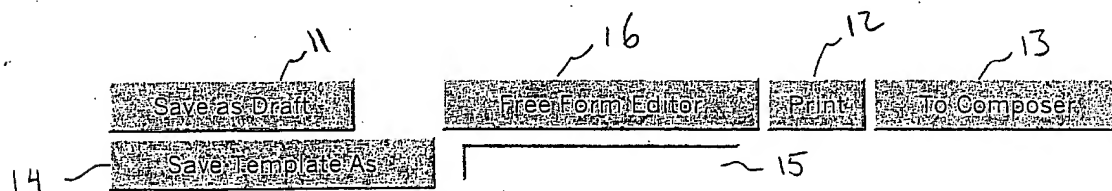


Figure 11 B

Free Form Editor

To cancel Edit and go back to previous page

Back

After finished editing above, click here to

Final Preview

FROM:

Dr. Albert Shen
1206 N. Capitol Ave Ste# 204
San Jose, CA 95132
408-251-3237

TO:

Ming Chien
223423 Oakcrest Ave.
Cupertino, CA 95014
650-960-6890 x505

January 5, 2001

Dear Dr. Ming Chien,

Please accept the referral of 38-year-old female VERONICA AVILA.

VERONICA last visited me on 11/29/00.

VERONICA continued with the following complaint: alopecia.

VERONICA's history of present illness is as follows:

alopecia:

Top of Page

Figure 12

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